

Name
in
Full

Jewell Acceney Jr.

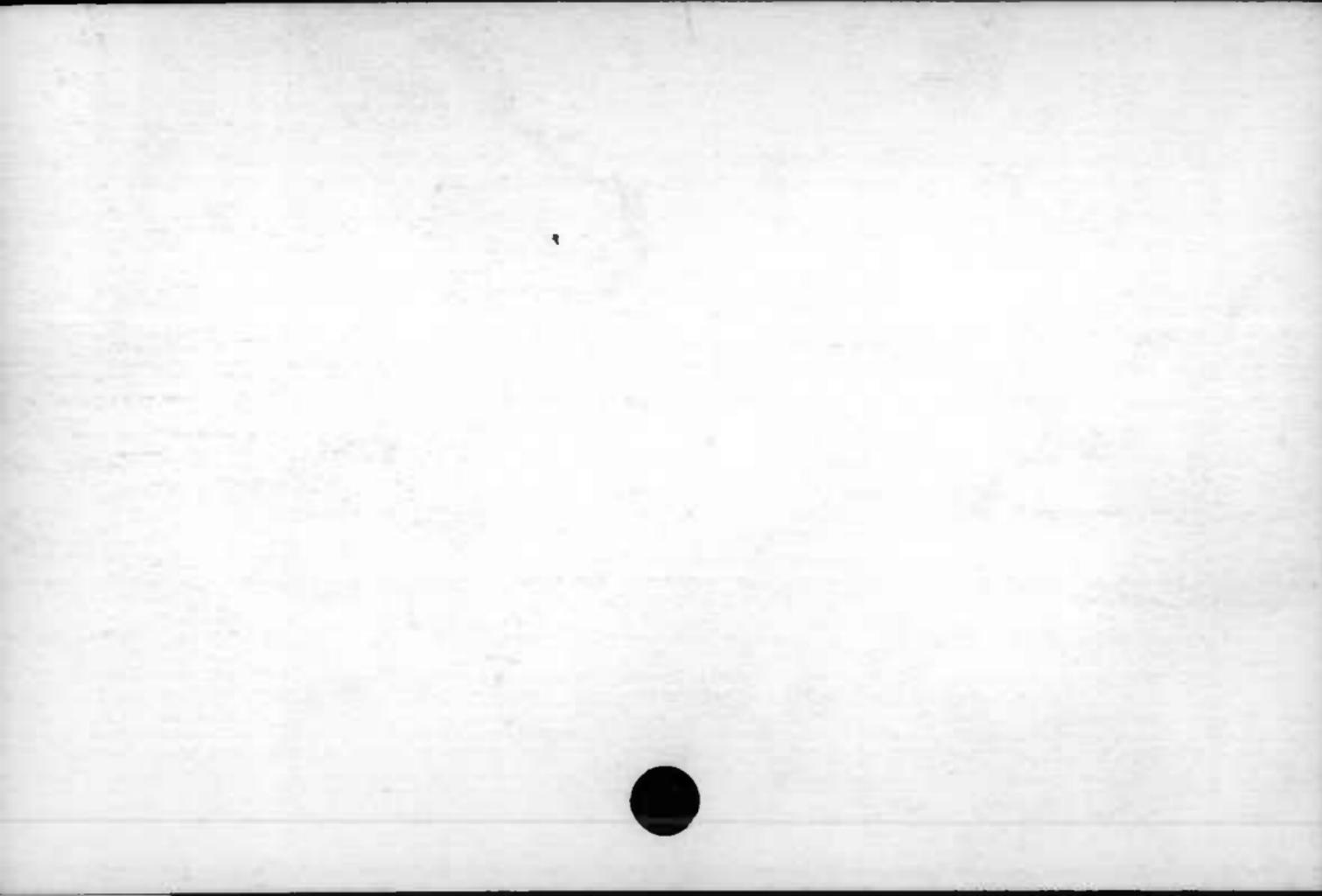
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Munville</u>		County <u>Talbot</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>June</u>	Day <u>15-h</u>	Years <u>20</u>	Months <u>4</u>	Days <u></u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Talbot Co. Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Jewell Acceney</u>	Father's Birthplace <u>Talbot Co. Md</u>				
Mother's Maiden Name <u>Charlotte Carter</u>	Mother's Birthplace <u>Talbot Co. Md</u>				
Name of person giving information <u>Jewell Acceney</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary <u>Pulmonary Tuberculosis</u>	How long <u>6 months</u>
Immediate <u>Exhaustion</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Julius A. Johnson</u>
	Address <u>Edsby - Md</u>
Accident or Suicide? <u></u>	



Name
in
Full

Eliza Jane Bankes.

CERTIFICATE OF DEATH

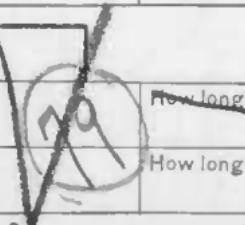
TO BE ANSWERED BY
NEAREST FRIEND

Died near Tow Pattape		County Salisbury		MARYLAND		
Date of death 1905	Month 6.	Day 6.	Age 43 -	Months -	Days -	
Sex Female	Color or Race Negro	Occupation Housewife		Birthplace Salisbury Co, Md.		
Married, Sing or Widowed Married -						
Name of Wife or Husband Frank Bankes.						
Father's Name Samuel Green.					Father's Birthplace Salisbury Co, Md.	
Mother's Maiden Name Lucretia Bimley.					Mother's Birthplace Salisbury Co, Md.	
Name of person giving Information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ~~Die~~ ~~Heart~~
Secondary Acute Dilatation of Heart.



How long

How long

20 minutes

Immediate

Are the name, age, sex, color, date
and place correctly given above?

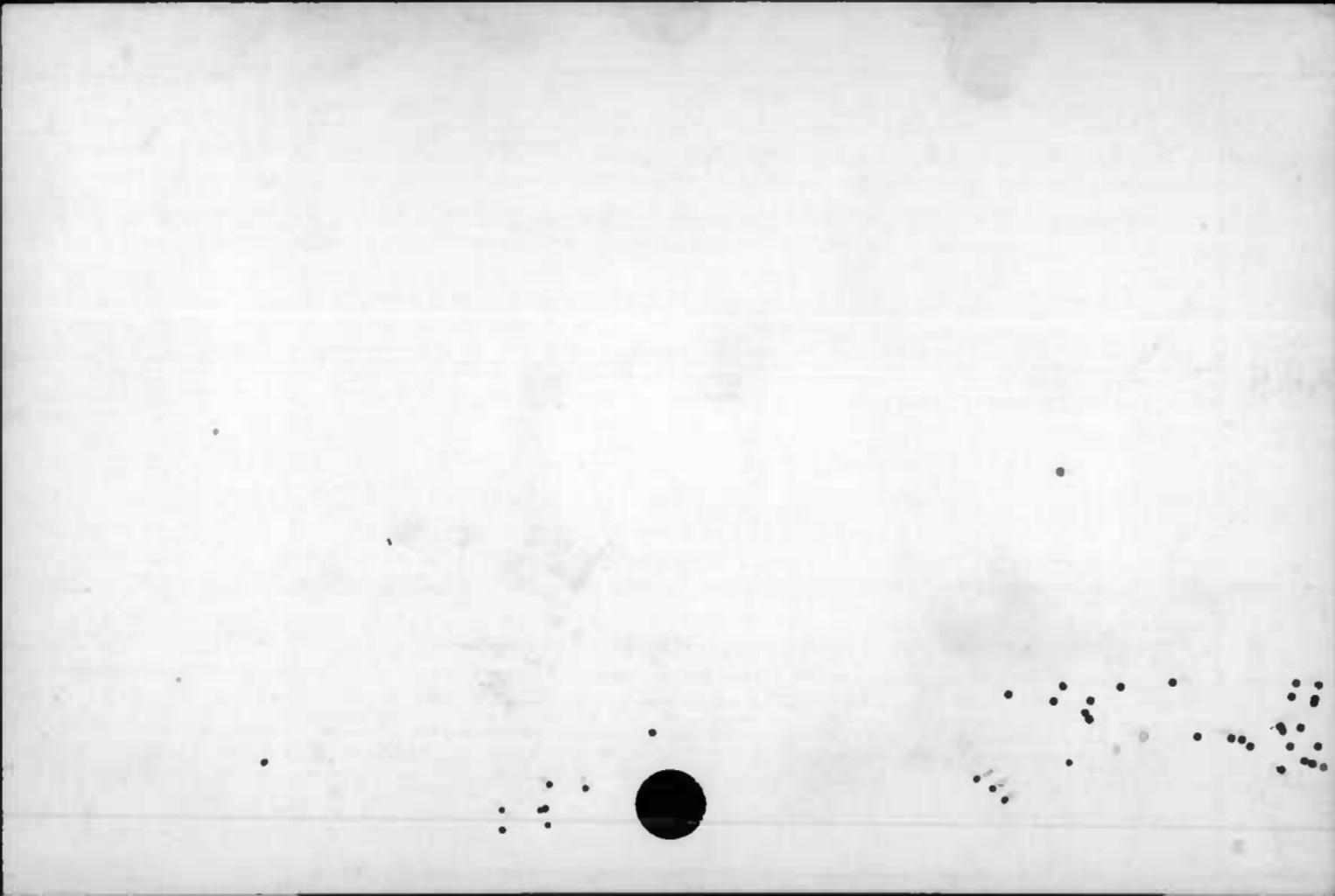
Yes

Signature of
Physician

Address

Joseph A. Ross, M.D.
Pattape, Salisbury Co, Md.

~~Accidental or Suicide?~~



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ira Margell Bond

CERTIFICATE OF DEATH

MARYLAND

Died at

St. Michaels

Town

County

Talbot

Date
of death

1905

Month

June

Day

25

Years

22

Months

2

Days

16

Sex

Male

Color or
Race

Colored

Birth-
place

St. Michaels

Occupation

Houseman

Where Residing if not
at place of death

Married, Sing-
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Ira Bond

Father's
Birthplace

St. Michaels

Mother's
Maiden Name

Mary E. Slocum

Mother's
Birthplace

St. Michaels

Name of person giving
Information

Josephine Bond

How related
to deceased

Sep. Mother

CAUSES OF DEATH

Primary

Tuberculosis

How long

about 2 years

Immediate



How long

Are the name, age, sex, color, date
and place correctly given above?

Ira

Signature of
Physician

Address

Dr. J. B. Sutt
St. Michaels
Md

Accident or Suicide?

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

David J. Bousso					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	June	11	75	11			
Sex	Male	Color or Race	White	Birth-place	Pennsylvania		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Lyda Stock				
Father's Name	Jacob Bousso		Paw				
Mother's Maiden Name	Mary Blodgett		Maryland				
Name of person giving information	Archibald Seaver		Son in Law				

CAUSES OF DEATH

Primary	How long
Chronic Gastritis & Insanity	One yrs.
Immediate	How long
Obstruction	Several days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	J. A. Doni M.D.
Address	Coronado, Pa.
Accident or Suicide?	Paid Out visit

Sept 30/1905

Name
in
Full

Annie Brice

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1905	Month June	Day 28	Age 50	Years	Months
Sex	Female	Color or Race	Black	Birth-place		
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information	Frank Price		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis of Kidney* *33* How long *4 months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

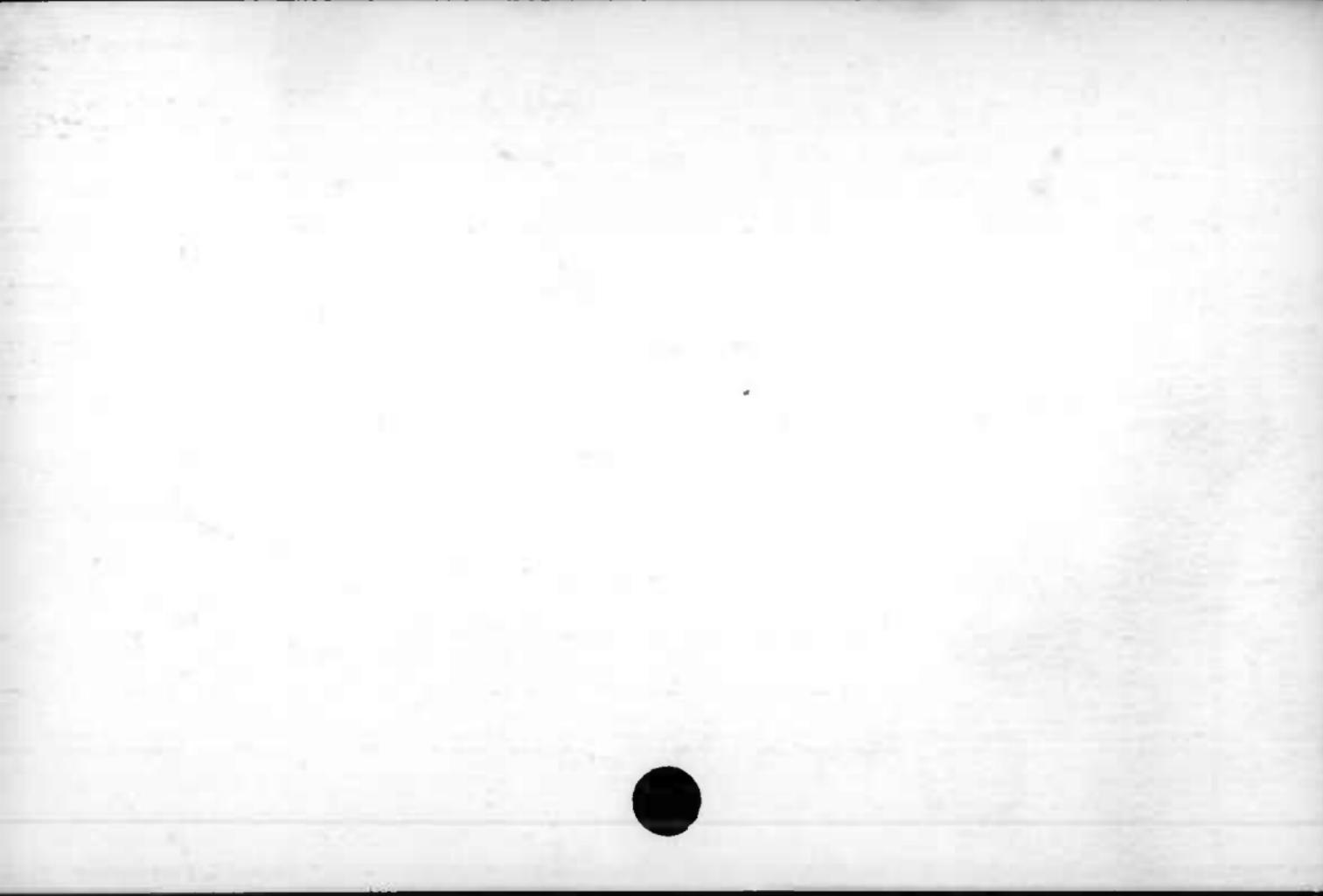
Signature of Physician

Address

Mr. Bennett

Emory St

Accident or Suicide?



Name
in
Full

Miss Leida Caulk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month June	Day 7	Years 47	Months 2	Days
Sex	Female	Color or Race	White		Birth-place	Talbot Co
Occupation	—		Where Residing if not at place of death		—	
Married, Single or Widowed	Yes	Name of Wife or Husband	John R. Caulk		Father's Birthplace	McDaniel
Father's Name	John R. Caulk		Ellen Hopkins		Mother's Birthplace	McDaniel
Mother's Maiden Name	Ellen Hopkins		Chas. Caulk		How related to deceased	Brother
Name of person giving information	Chas. Caulk					

CAUSES OF DEATH

Primary

Cardiac Nostimulation

How long

For years.

Immediate

Cardiac Dilatation & paralytic

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

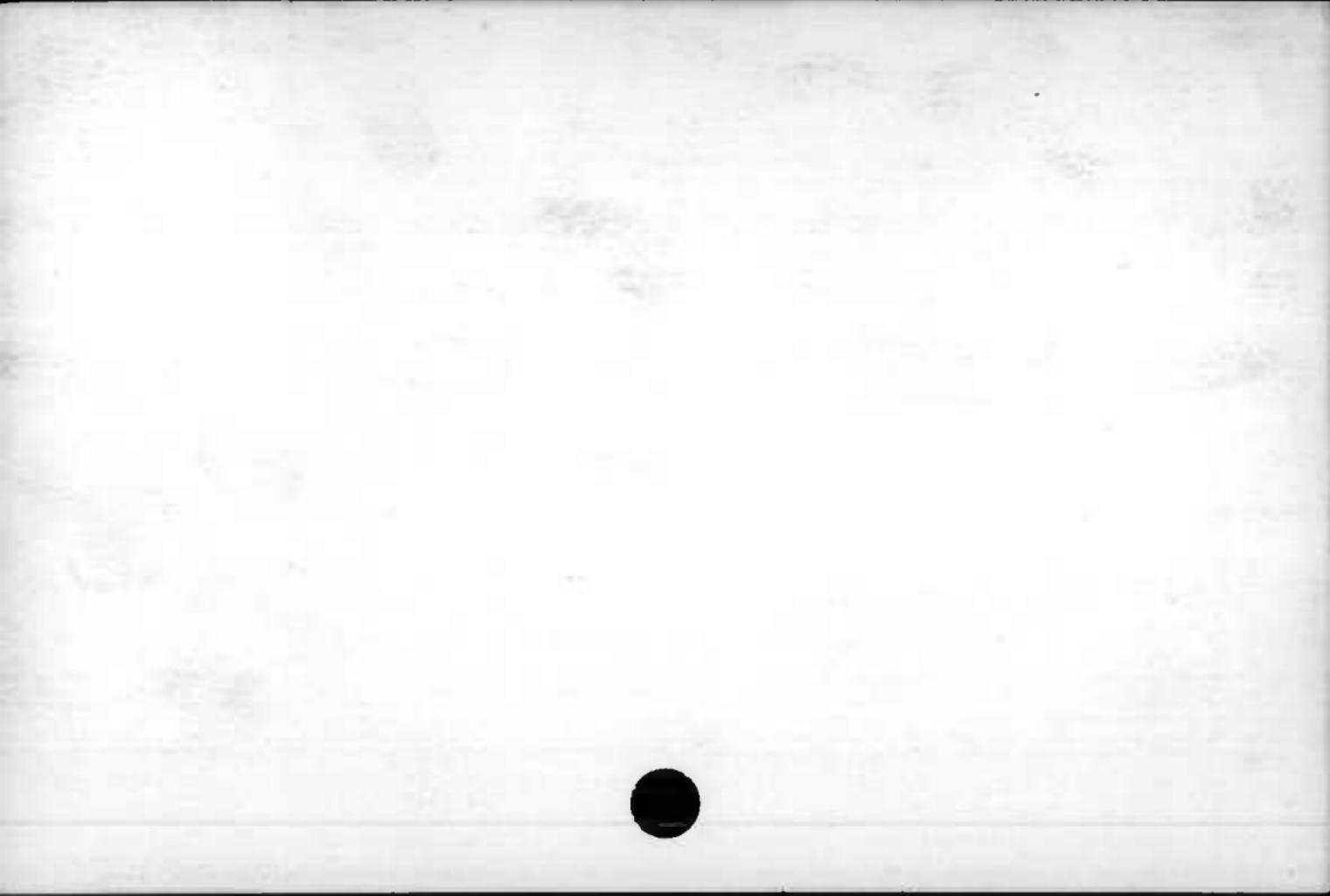
S. Kennedy Nelson

Tylorman

Mid

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary Anne Levy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at <u>Easton</u>	<u>Talbot</u>		
Date of death <u>1905</u>	Month <u>June</u>	Day <u>24</u>	Years <u>94</u>
Age <u>94</u>	Months <u>5</u>	Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Dorchester Co., Md</u>	
Occupation <u>DBS Worker</u>	Where Residing if not at place of death <u>Aged Ladies Home</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Wm Cox</u>	Father's Birthplace <u>Baltimore</u>	
Father's Name <u>Wm Cox</u>	Mother's Birthplace		
Mother's Maiden Name <u></u>	How related to deceased <u>Daughter</u>		
Name of person giving information <u>Mrs. Ellen Shippard</u>			

CAUSES OF DEATH

Primary Senility  How long

Immediate Fracture of Hip  How long

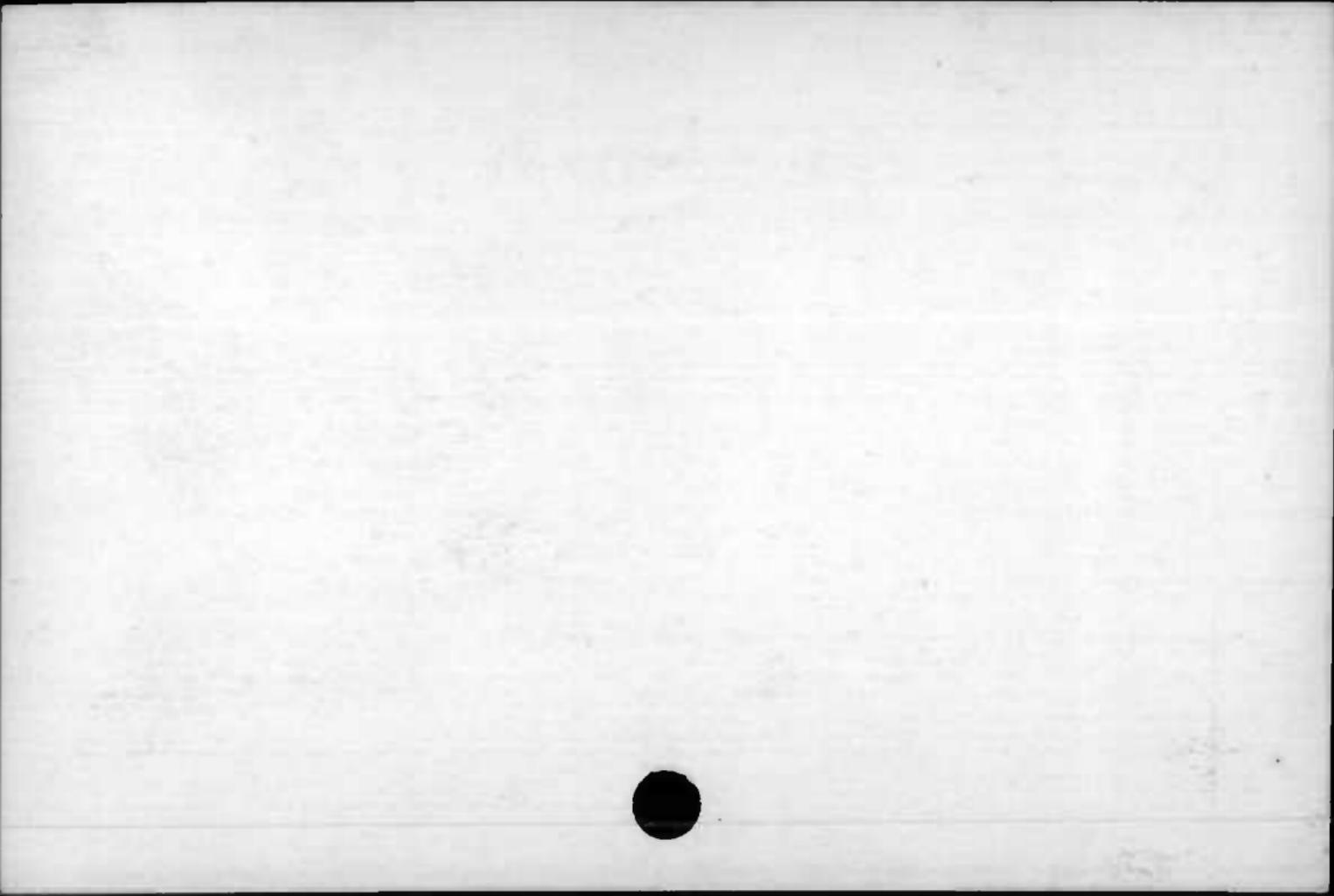
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Maggie Fraumpton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Easton		County Talbot		MARYLAND			
Date of death 1905	Month June	Day 13	Age 18	Years	Months 2	Days -		
Sex Female	Color or Race White		Birth- place Talbot Co. Md					
Occupation House wife	Where Residing if not at place of death Easton Md							
Married, Single or Widowed Married	Name of Husband Robt St. Fraumpton							
Father's Name Chas. D. Fraumpton			Father's Birthplace Maryland					
Mother's Maiden Name Sarah Ray			Mother's Birthplace Maryland					
Name of person giving Information Robt St. Fraumpton			How related to deceased Husband					

CAUSES OF DEATH

Primary antepartum Puerperal Eclampsia
with Urine loaded with albumin
Convulsions - 30 during 48 hrs
Immediate death from exhaustion

38
Do not know
How long the
How long albumin was
present was called
How long after 2nd conv
48 hrs

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

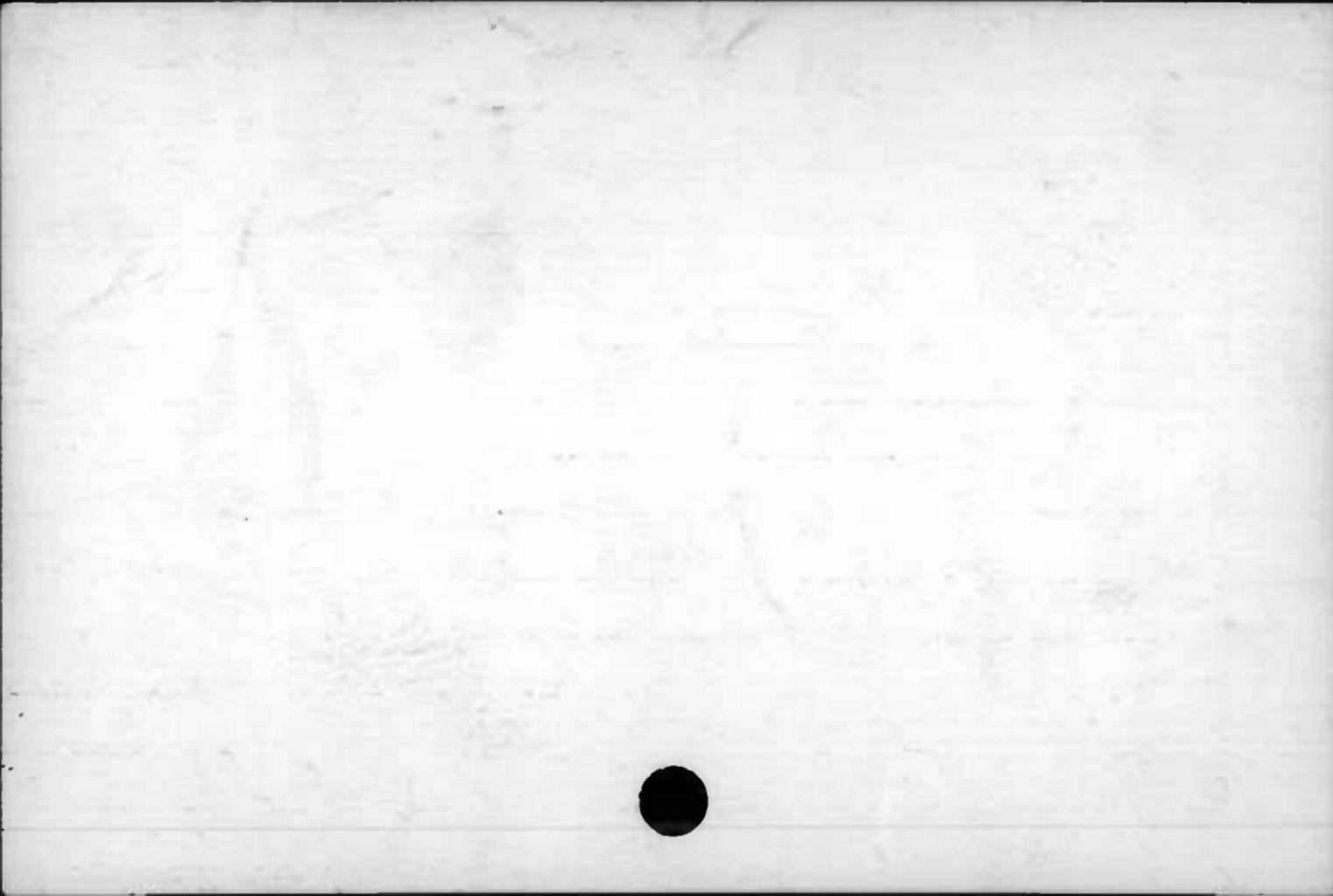
yes

Signature of
Physician

Address

Chas. D. Dandridge
Easton, Md.

Accident or Suicide?



Name
in
Full

Martha Gale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Col ^o	Birth-place	Easton	
Occupation	House Wife	Where Residing if not at place of death on Farm				
Married, Single or Widowed	Married	Name of Wife or Husband	Frank Gale	Father's Birthplace	Easton	
Father's Name	Theodore Jackson				Mother's Birthplace	Talbot Co
Mother's Maiden Name	Violet				How related to deceased	about how hours
Name of person giving information	J. E. Shanahan				How long	about how hours

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

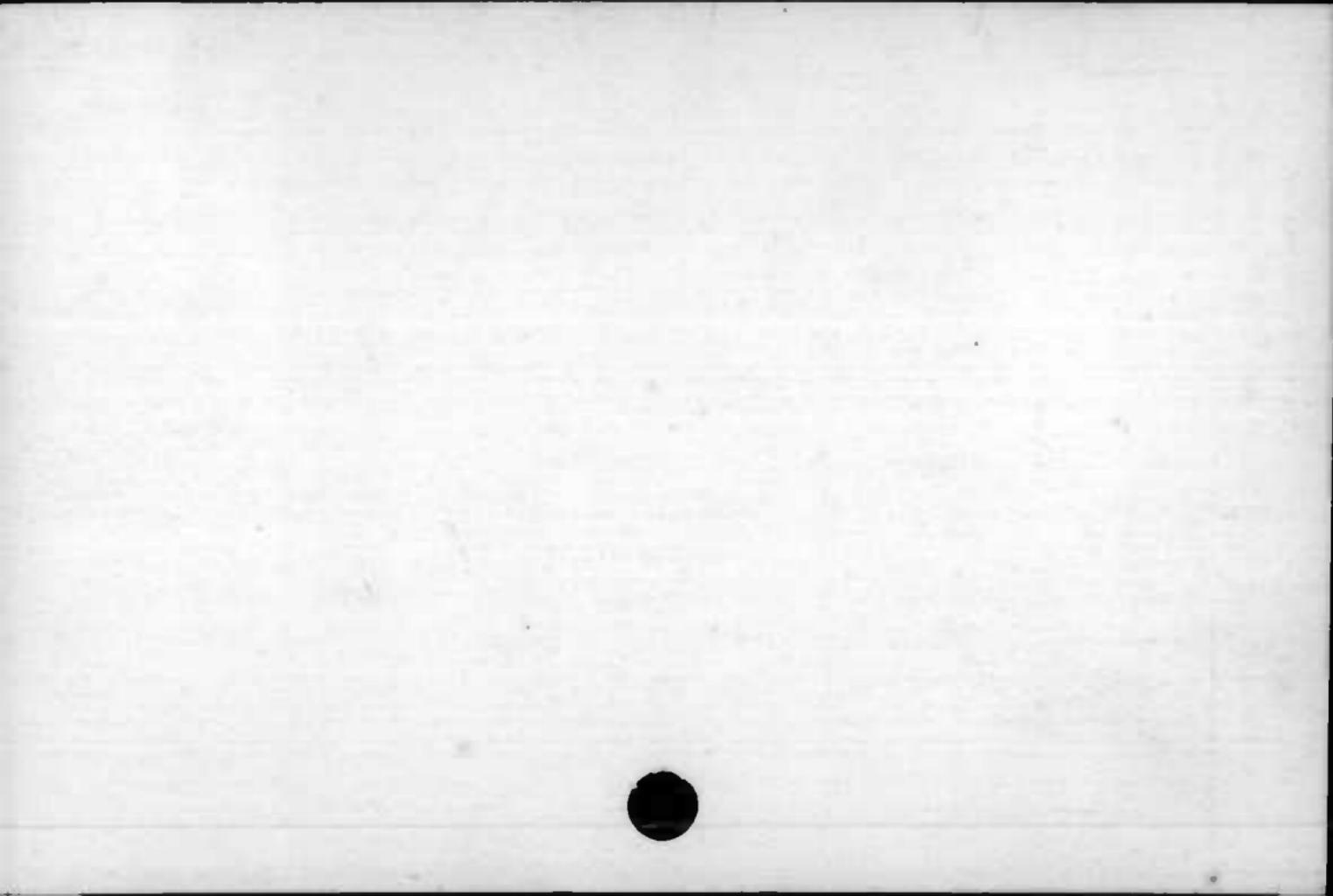
Signature of Physician

J. Patchett & Son

Address

undertakers

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Roschel Gates

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Burke

Month

Tulbot

Day

Years

29

5

Age

Months

Month

Days

Year

1905

Sex

Female

Color or
Race

White

Birth-
place

Occupation

House

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Samuel

Gates

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

A. Hughes

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Fatty Degeneration of Heart

How long

~

Immediate

rupture of artery in lung

How long

immediate

Are the name, age, sex, color, date
and place correctly given above?

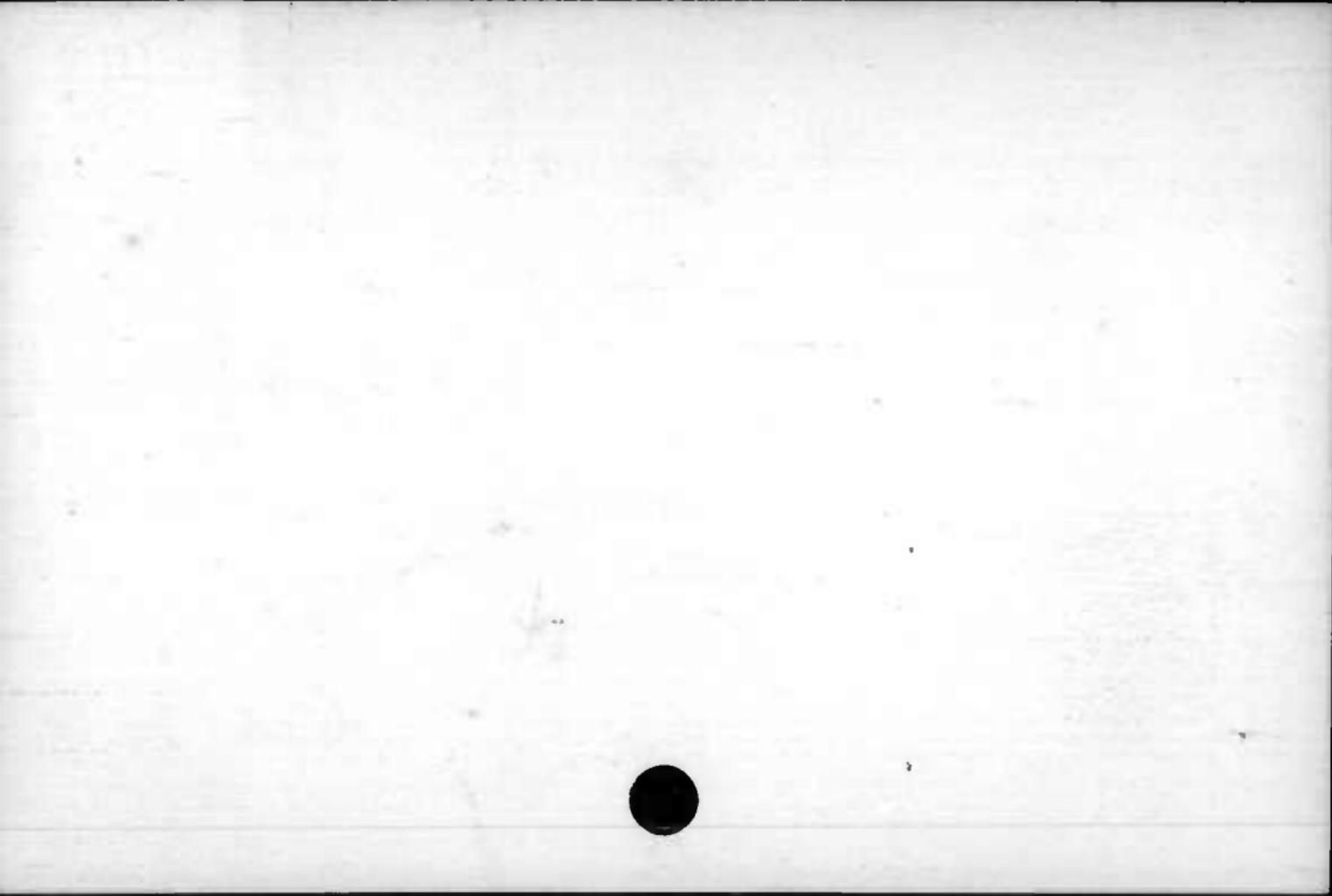
Signature of
Physician

Address

Dr. Silverth

Academy of

Accident or Suicide?



Name
in
Full

John. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Matthews</u> Town		County <u>Delco</u>		MARYLAND		
Date of death 1905	Month <u>June</u>	Day <u>25</u>	Years <u>17 -</u>	Months <u>9 -</u>	Days <u>—</u>	
Sex <u>Male</u>	Color or Race <u>negro</u>	Birth-place <u>Matthews</u>				
Married, Single or Widowed	<u>Singer</u>	Occupation <u>Farm-hand</u>				
Name of Wife or Husband						
Father's Name	<u>John Gibson</u>			Father's Birthplace	<u>Delware</u>	
Mother's Maiden Name	<u>Emily Bailey</u>			Mother's Birthplace	<u>Matthews P. 6</u>	
Name of person giving Information	<u>Samuel Powell</u>			How related to deceased	<u>No relation</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

20 to 25 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. M. Stelle M. D.
Cordova - Me

Accident or Suicide?



Name
in
Full

Robert - Green

CERTIFICATE OF DEATH

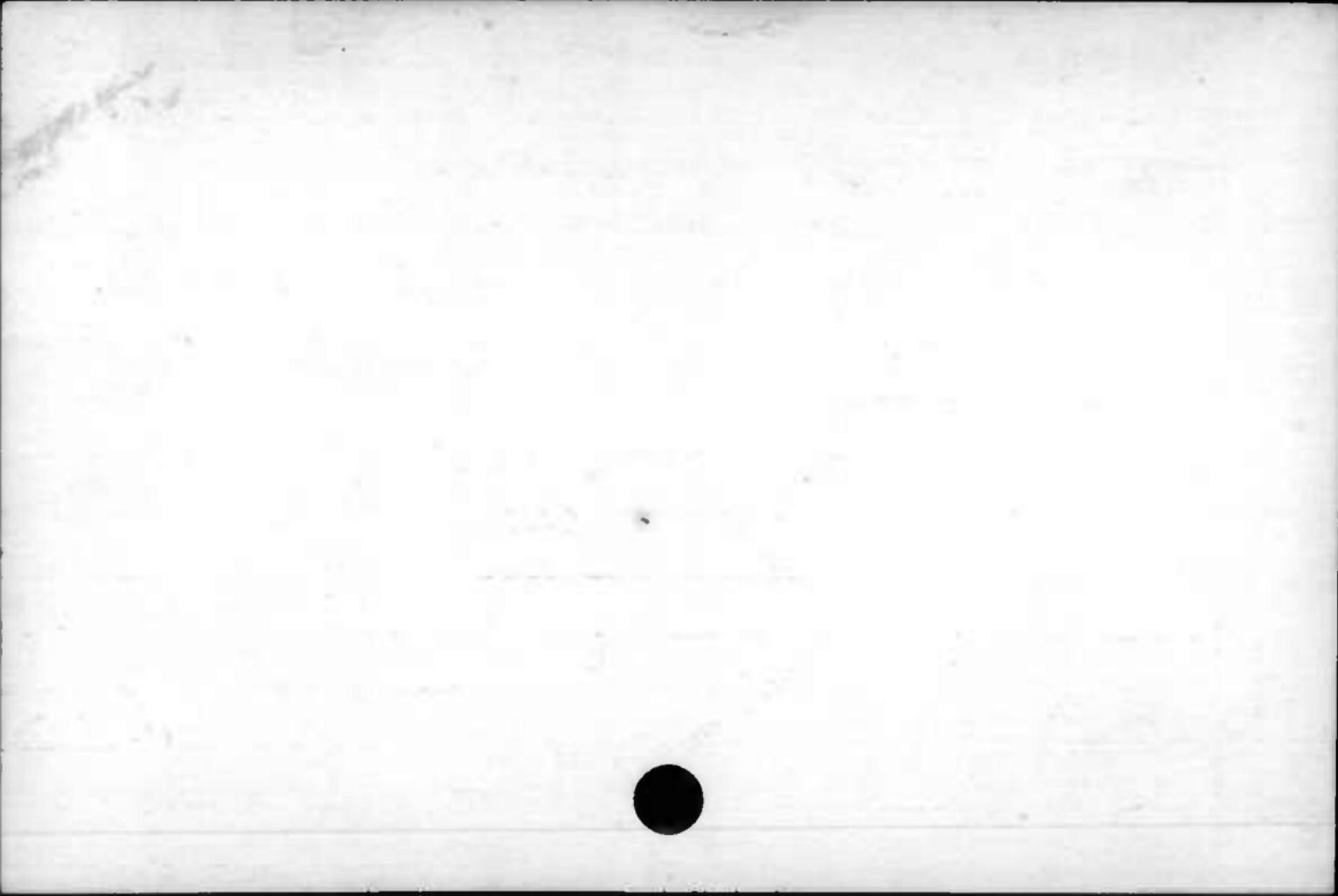
To BE ANSWERED BY

NEAREST FRIEND

Town	County	MARYLAND		
Died at	Baltimore	Talbot		
Date of death	1906	Month June	Day 23	Years 75
Sex	Male	Color or Race	Colored	
Occupation	Lystonian			
Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband		
Father's Name	William Green			
Mother's Maiden Name	Mary Grace			
Name of person giving Information	Mary Mitchell			
CAUSES OF DEATH				
Primary	Diphthery			17
Immediate	Heart Failure			
Are the name, age, sex, color, date and place correctly given above?				Yes
Signature of Physician				Aly. J. B. Smith
Address				Dr. J. B. Smith

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	St Michaels	County	Talbot	MARYLAND
Date of death	Month	1903	Day	24	Years
Sex	Female	Color or Race	el	Age	Months
Occupation	Infant	Where Residing if not at place of death	St Michaels		
Married, Single or Widowed	Name of Wife or Husband		Birthplace	" "	
Father's Name	Rev- Harvey		Father's Birthplace	Maryland	
Mother's Maiden Name	Lancaster Fields		Mother's Birthplace	" "	
Name of person giving information	Mother		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

How long

66 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

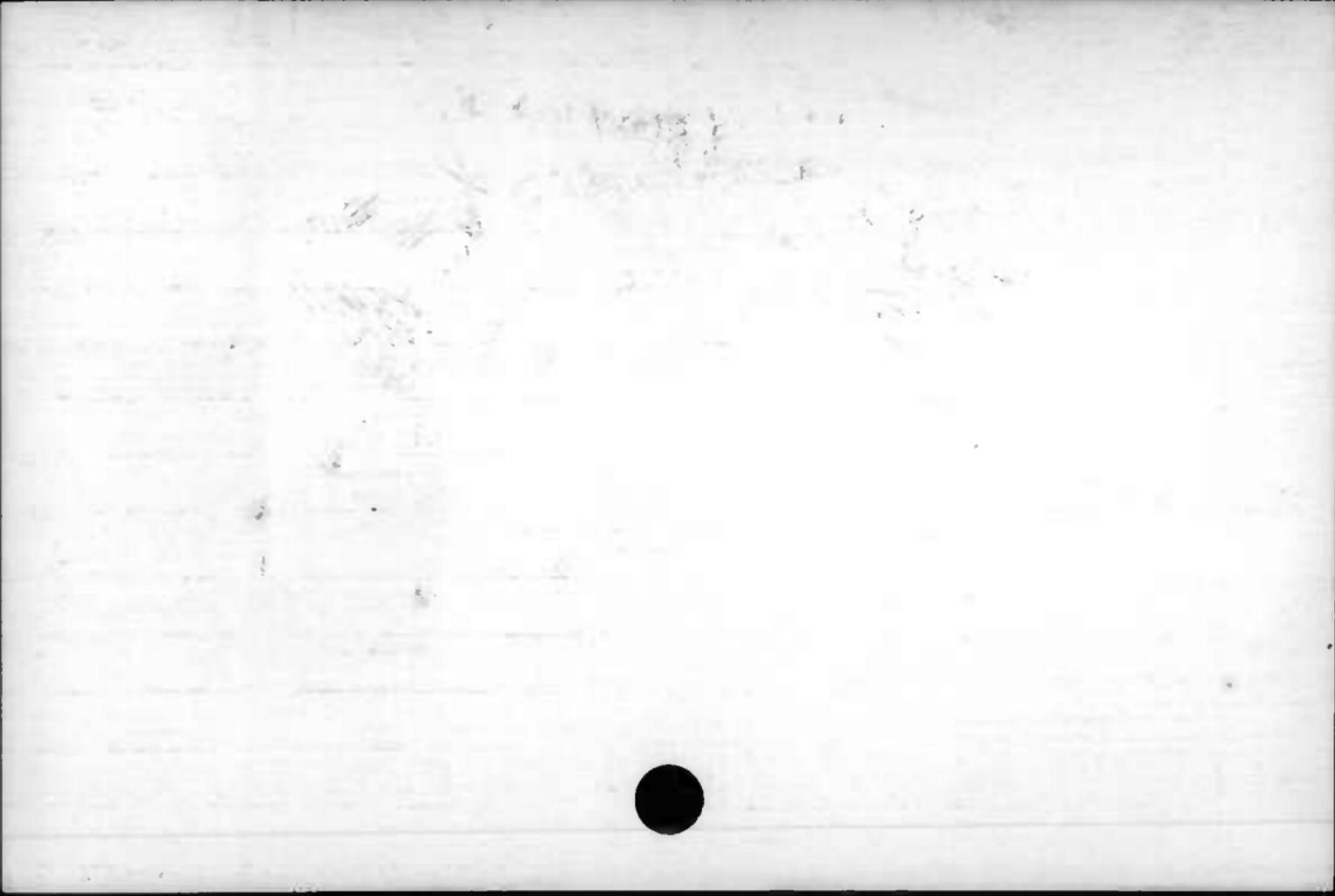
Signature of Physician

spn

Address

Rev Davis
St Michaels
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Wye Mills		Town Talbot County	County Talbot Co		MARYLAND	
Date of death 1905	June 19	Month Day	Years Age 2	Months	Days	—
Sex Male	Color or Race Colored	Occupation Child	Where Residing if not at place of death Talbot Co	Birth- place Maryland		
Married, Single or Widowed Child	Name of Wife or Husband					
Father's Name Solomon Hazelton	Father's Birthplace Maryland					
Mother's Maiden Name Sallie Warner	Mother's Birthplace Maryland					
Name of person giving Information Wye Warner	How related to deceased Grandfather					

CAUSES OF DEATH

Primary

Tuberculosis

How long
12 Months

Immediate

Heart failure

How long
are drunk.

Are the name, age, sex, color, date
and place correctly given above?

yes

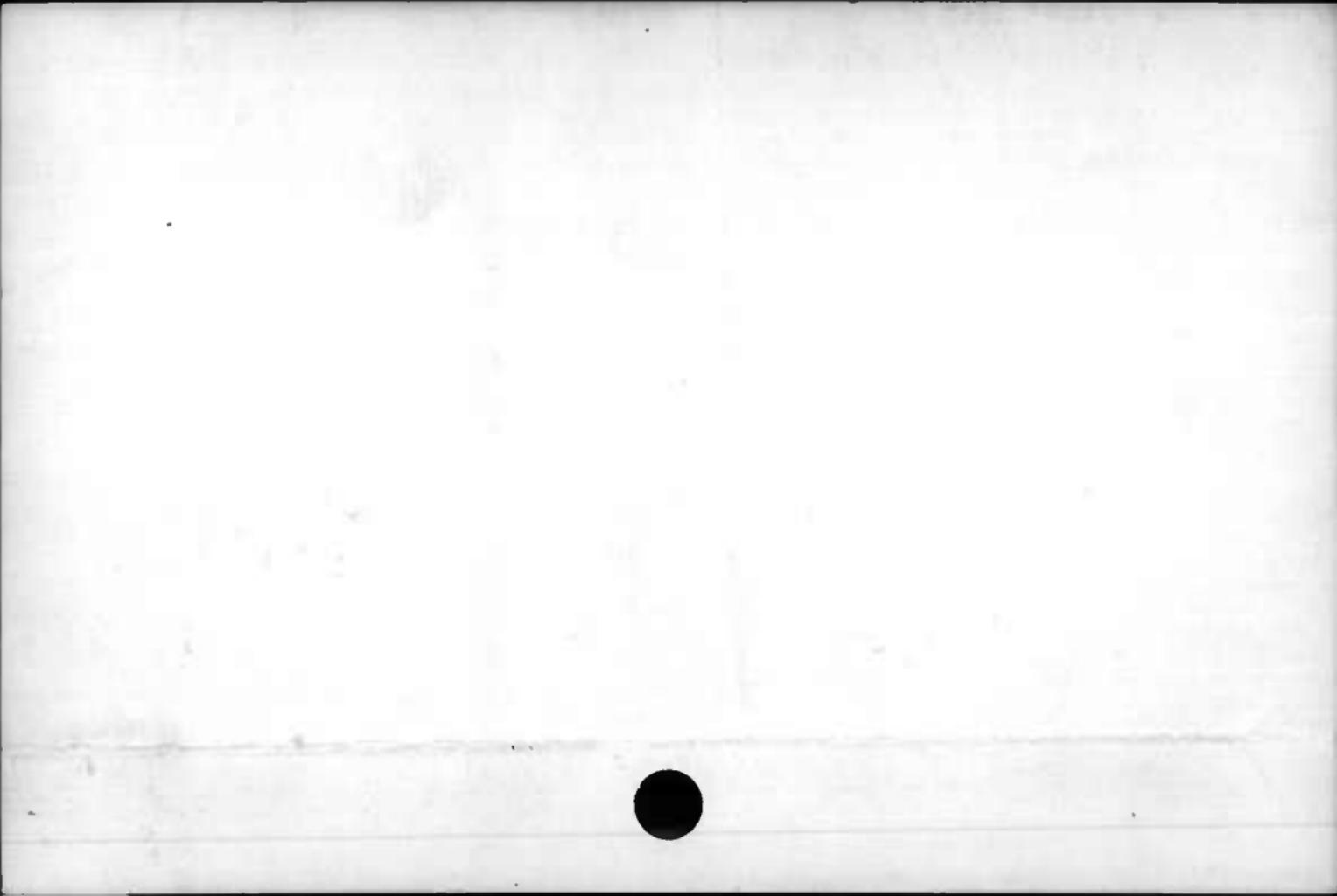
Signature of
Physician

Address

J. W. Slack M.D.
Wye Mills. Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Hermitta Jones

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at		Hannibal	Talbot			
Date of death	Month	Day	Years	Age	Months	Days
1905	Jun	1st	60	60		
Sex	Female	Color or Race	colored		Birth-place	
Occupation	Hannibal		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Husband	Thomas Jones			
Father's Name	Donald Brown		Father's Birthplace		does know	
Mother's Maiden Name	Maguire		Mother's Birthplace		does know	
Name of person giving information	Thomas Jones		How related to deceased		husband	

CAUSES OF DEATH

Primary Gall Stone

113

How long

Immediate Exhaustion

24 hrs

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

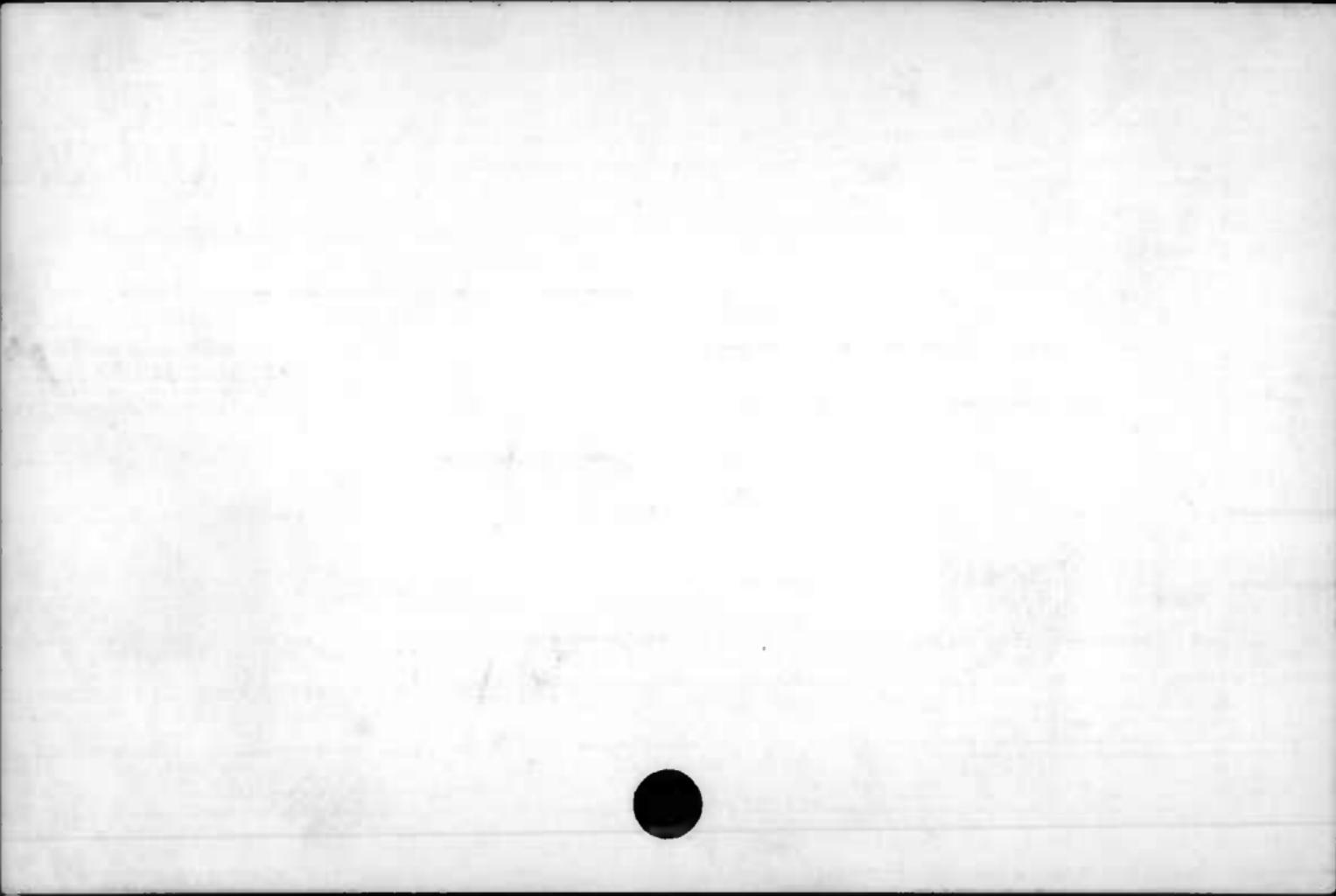
Address

Julius A. Johnson
Easton, Md

Accident or Suicide?

PHYSICIAN
OR CORONER

J



Name
in
Full

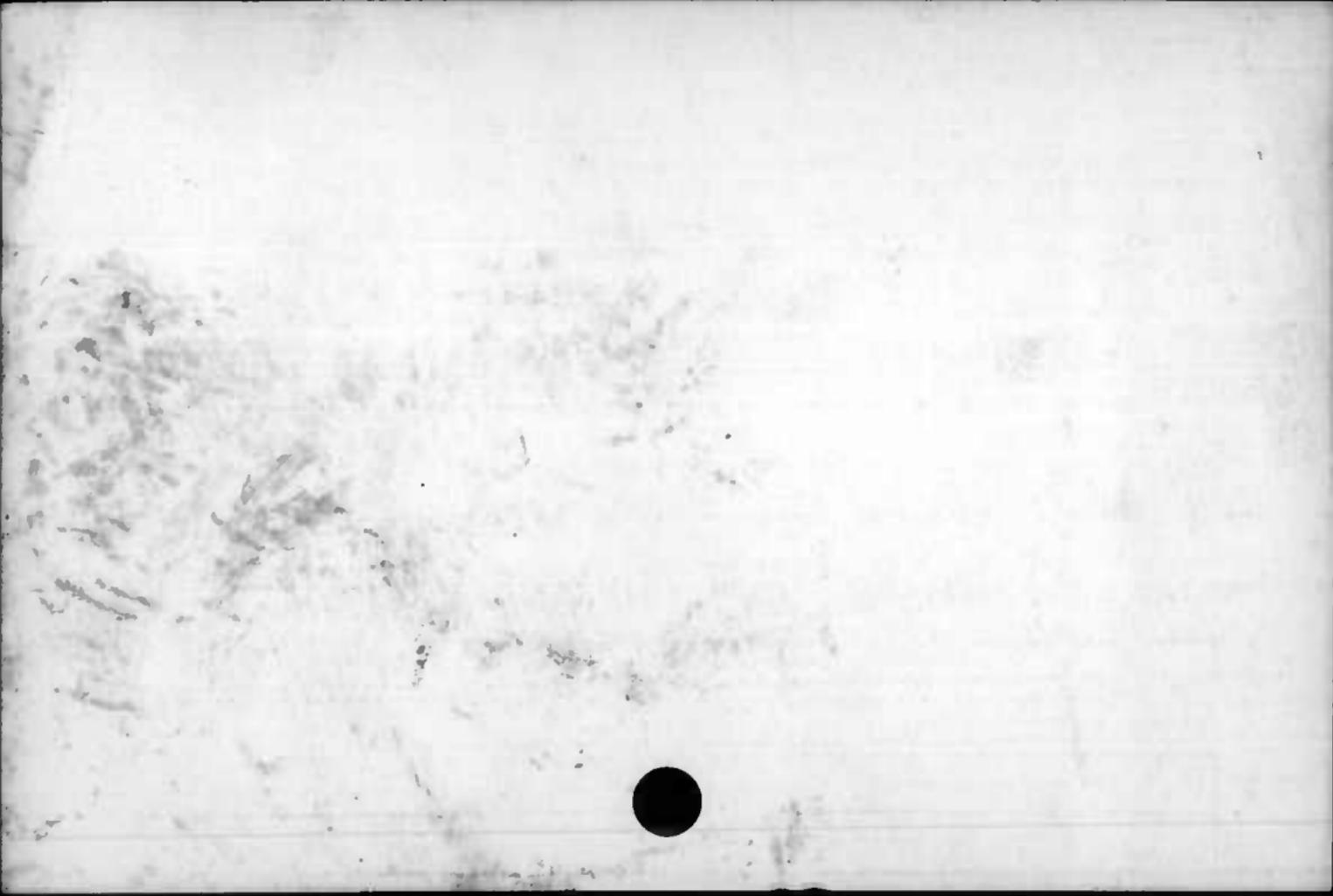
To BE ANSWERED, BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH						
Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
5	June	18	79	—	—	
Sex	Color or Race	Occupation		Birth- place		
Male	white	Capt		Talbot		
Married, Single or Widowed	married					
Name of Wife or Husband	Mary J Leonard					
Father's Name	Joshua Leonard			Father's Birthplace	Talbot	
Mother's Maiden Name	Mary Townsend			Mother's Birthplace	Talbot	
Name of person giving Information	Sept O. Leonard			How related to deceased	Son	

CAUSES OF DEATH

Primary	Prolapse of Bowel	100	How long 8 or 10 years
Immediate	Asphyxia		How long 8 or 10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Tamal L. Skipper
Yes		Address	Royal Oak Md
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Johnie T. Moore

72

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

TO BE ANSWERED BY
NEAREST FRIEND

Date
of death 1905

Month

Day

13

Years

Age

21

Months

Days

Sex

Male

Color or
Race

Birth-
place

Married, Single
or Widowed

Single

Occupation

Royal Auto

Name of Wife or
Husband

Father's
Name

Gas Moore

Father's
Birthplace

Talbot

Mother's
Maiden Name

Ellen Ross

Mother's
Birthplace

Talbot

Name of person giving
Information

Ellen Moore

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Tuberculosis

How long

6 months

Immediate

Hemorrhage

How long

3 hrs

Are the name, age, sex, color, date
and place correctly given above?

Y

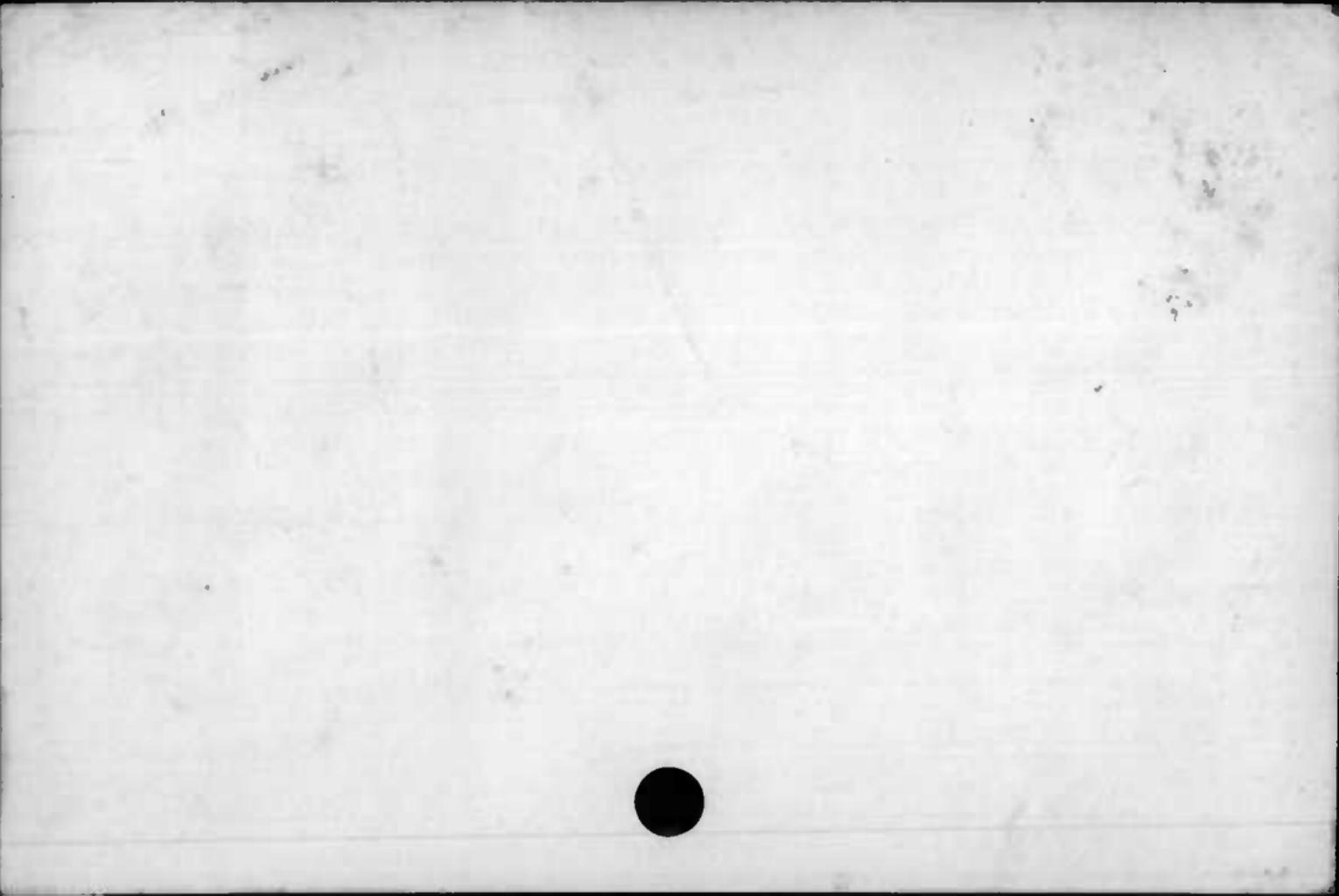
Signature of
Physician

Address

Sam C. Tripp

Royal Oak Md

Accident or Suicide?



Name
in
Full

Jacob Giles Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Miles River Neck</u> Town <u>Talbot Co</u> County				MARYLAND	
Date of death <u>190</u>	Month <u>June</u>	Day <u>30</u>	Years <u>70</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Philada</u>			
Occupation <u>Landowner</u>	Where Residing if not at place of death <u>Home</u>				
Married, <u>Yes</u> and children	Name of Wife or <u>Isabel Fennell</u> Husband				
Father's Name <u>Gasper W Morris</u>	Father's Birthplace <u>Phila</u>				
Mother's Maiden Name <u>Lydia Mc Tolland</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>J.C. Morris</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary

Selected Heart

How long

6 mos

Immediate

Heart failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

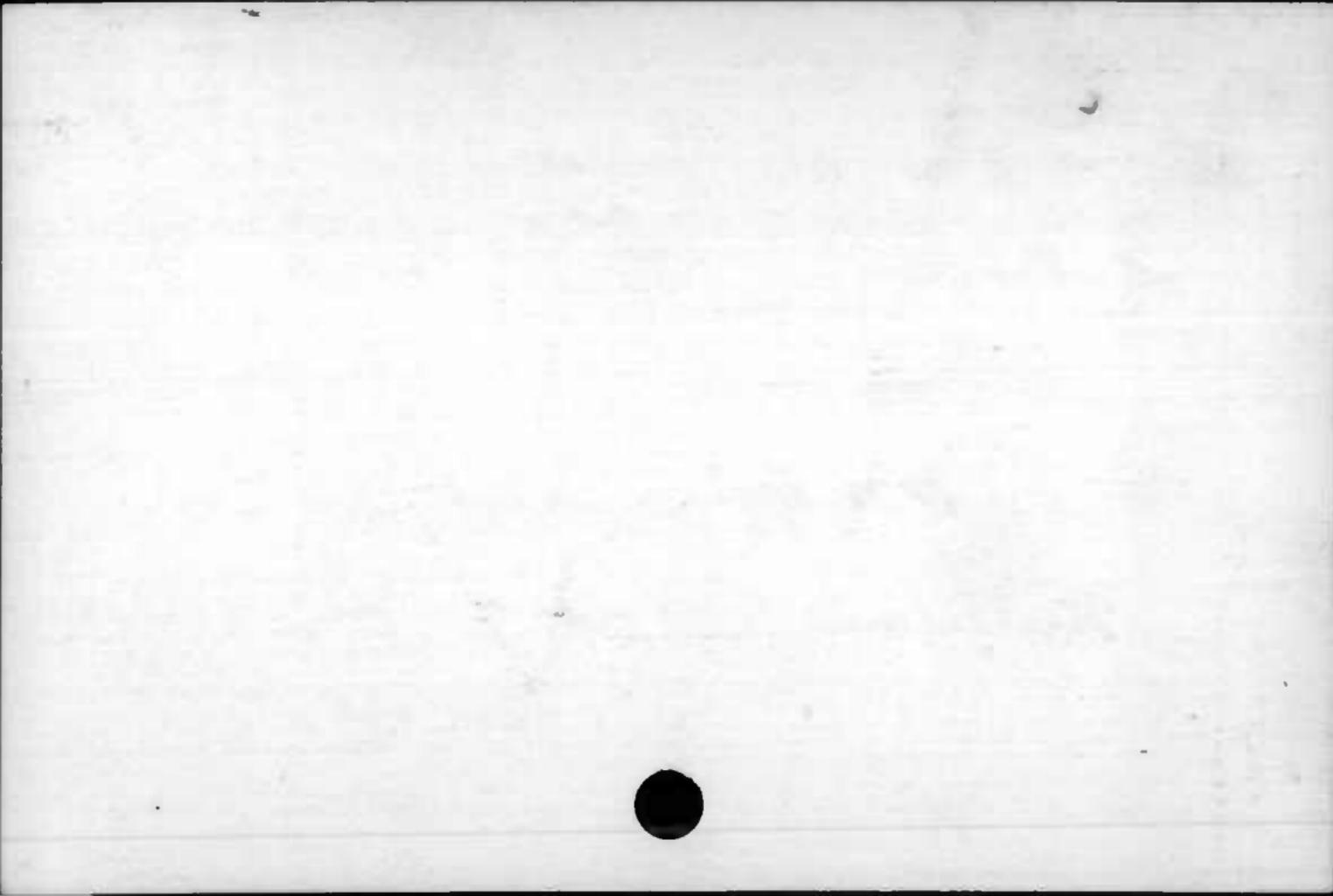
Address

E. R. Hippie Bed
Easton

Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Jeremiah Myers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Thorwood</u>		Town	County <u>Talbot</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>6th</u>	Day <u>18</u>	Years <u>75</u>	Age <u>75</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>african</u>	Where Residing if not at place of death <u>Talbot, Co.</u>				
Occupation <u>Labover</u>	Name of Wife or Husband <u>Lillie Myers</u>					
Married, S. or Widower <u>—</u>	Father's Name <u>Unknown</u>					
Mother's Maiden Name <u>Margret Myers</u>	Mother's Birthplace <u>—</u>					
Name of person giving information <u>W.W. Chaires, M.D.</u>	How related to deceased <u>—</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

one week

Immediate

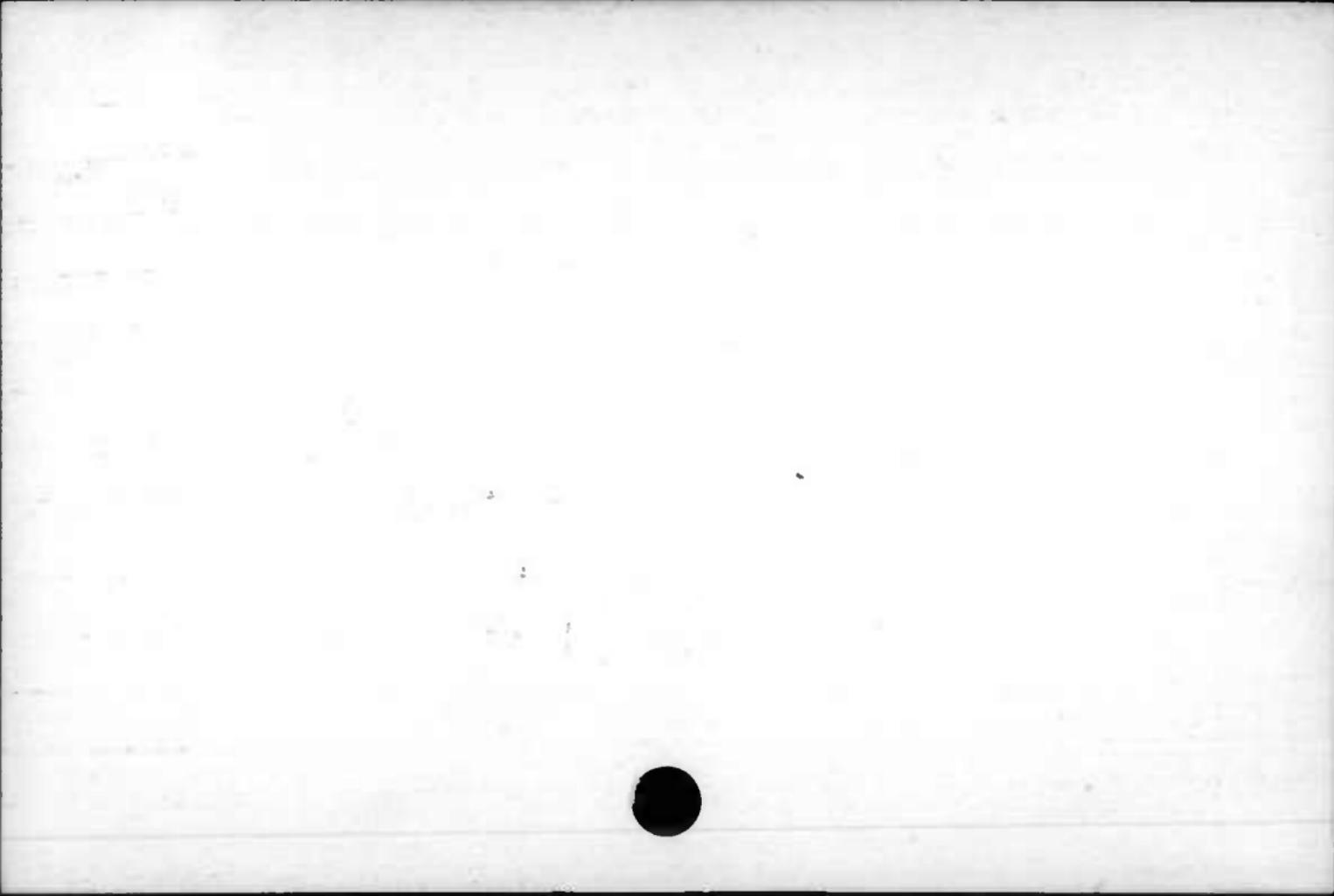
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W.W. Chaires

Address

Accident or Suicide?



Name
in
Full

Eliza Nixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Easton	County Talbot	MARYLAND
Date of death	Month 1905	Day 6	Years 0
Sex	Color or Race Male	Age 0	Months 5
Occupation	Where Residing if not at place of death	Birth- place Easton	Days 0
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Wife Hughes	Father's Birthplace	Dorchester Co.
Mother's Maiden Name	Sudie Nixon	Mother's Birthplace	Trappe Md.
Name of person giving Information	Sudie Nixon	How related to deceased	Mother

CAUSES OF DEATH

Primary

Cholera infantum
exhaustion

How long

3 hrs

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

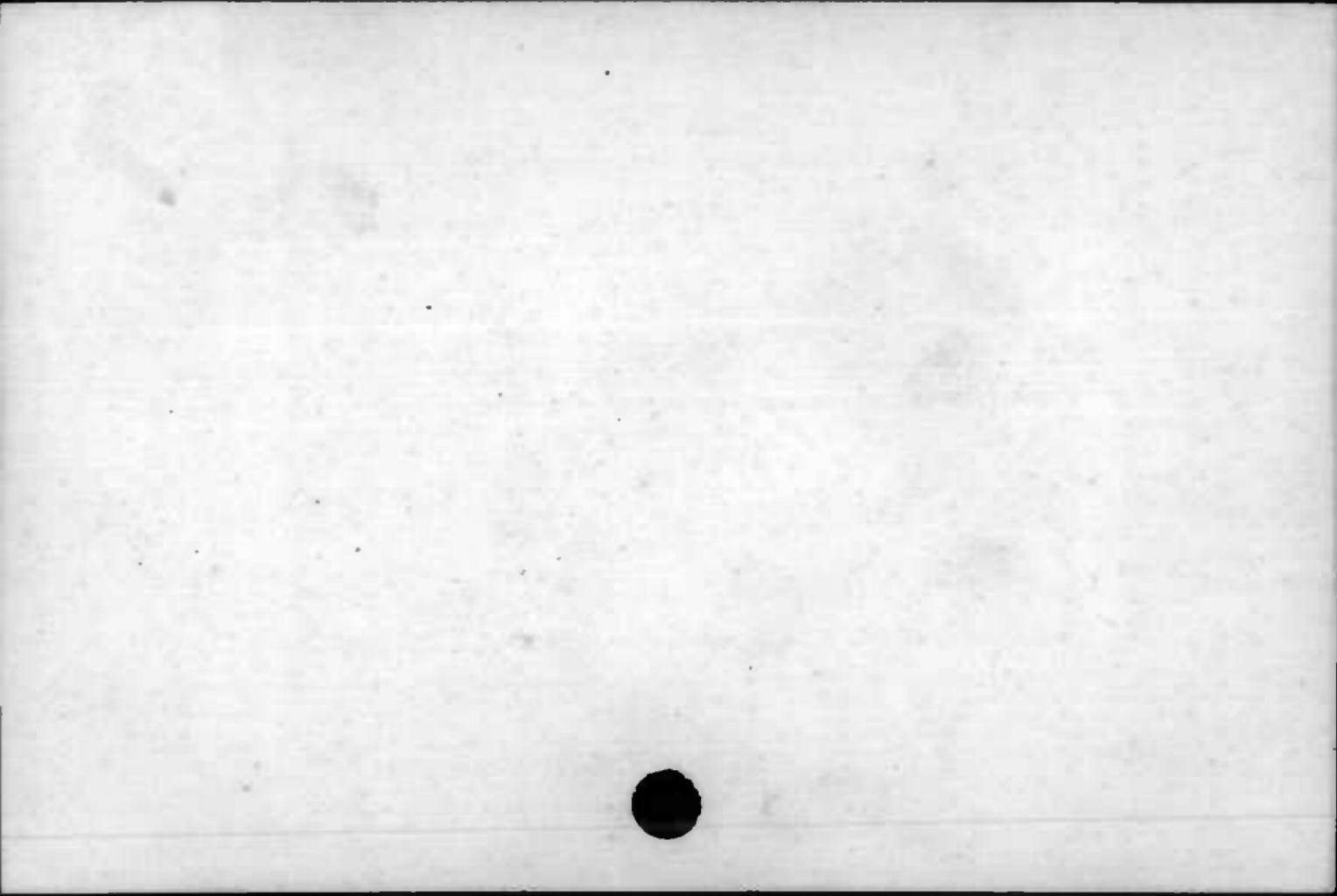
Address

S. Denney Welland M.D.

Easton
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

agnes Price

CERTIFICATE OF DEATH

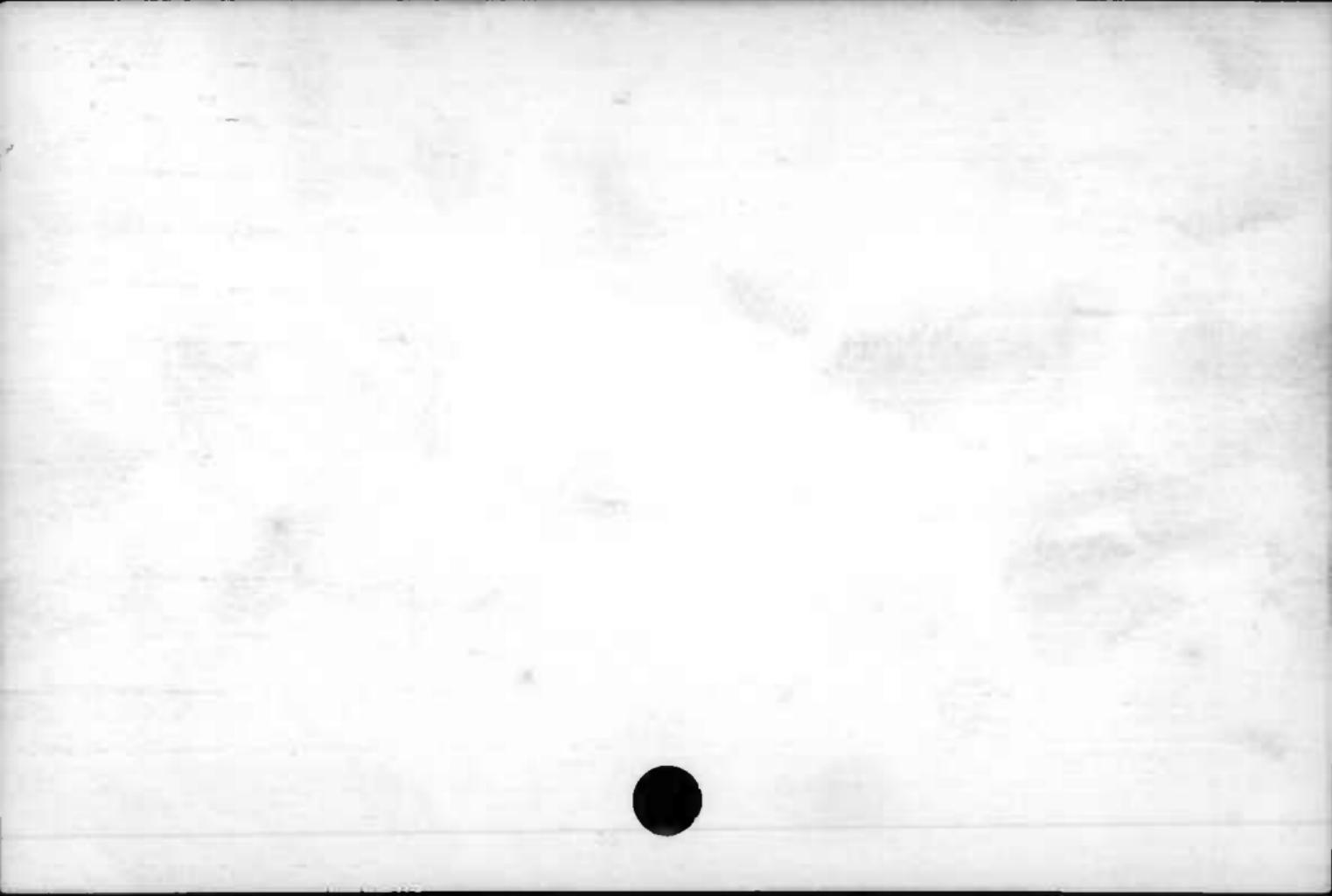
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chapel</u> Town		County <u>Hobart</u>		MARYLAND		
Date of death <u>1905 Jun</u>	Month <u>Jun</u>	Day <u>2</u>	Age <u>39</u>	Years <u>39</u>	Months <u>0</u>	Days <u>0</u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Birthplace <u>Carolina</u>				
Occupation <u></u>		Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u></u>		Name of Wife or Husband <u>Agnes Price</u>		Father's Birthplace <u>not</u>		
Father's Name <u>Mom's Foundation</u>				Mother's Birthplace <u>not</u>		
Mother's Maiden Name <u>Ann Leonard</u>				How related to deceased <u>mother</u>		
Name of person giving information <u>Ann Price</u>						

CAUSES OF DEATH

Primary <u>Dilate Heart</u>	How long <u>Went to</u>
Immediate <u>Droped General</u>	How long <u>several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Joseph S. Gann</u>
	Address <u>Easton</u>
Accident or Suicide? <u>no</u>	

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1905	Month June	Day 18 th	Years 11	Months —	Days —		
Sex Female	Color or Race Negro	Occupation		Birth- place Talbot Co			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name Belle Fector			Father's Birthplace Del				
Mother's Maiden Name Hattie Myers			Mother's Birthplace Talbot Co				
Name of person giving Information Hattie Myers			How related to deceased Grand mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis



How long

18 months

Immediate

asthma

How long

week

Are the name, age, sex, color, date
and place correctly given above?

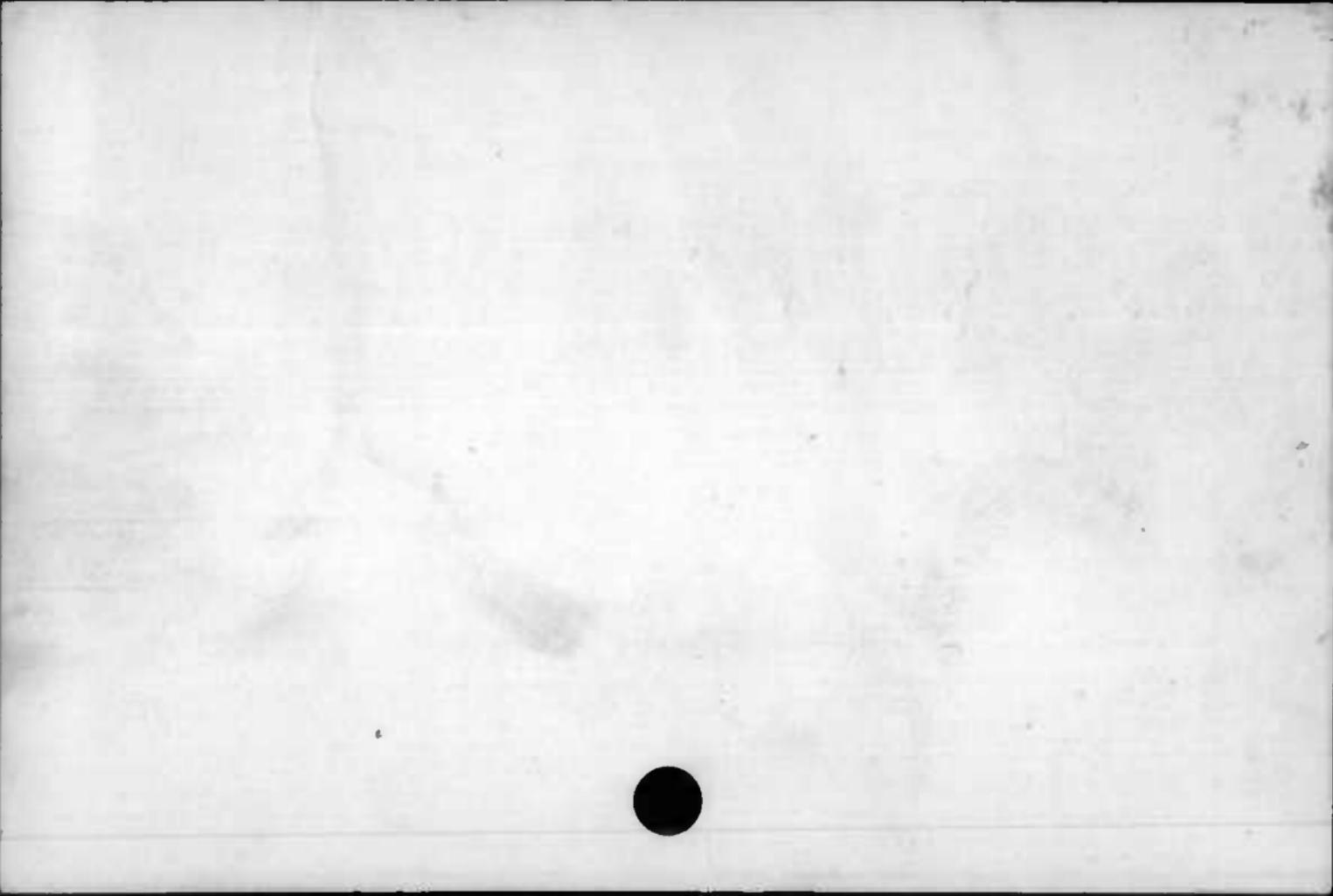
Yes

Signature of
Physician

Address

Samuel B. Scipper

Accident or Suicide?



Name
in
Full

Margaret P. Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Customs	Salisbury				
Date of death	Month	Day	Years	Months	Days
1905	June	20	40	9	0
Sex	Female	Color or Race	white	Birth-place	Mid
Occupation	Teacher	Where Residing if not at place of death	<input checked="" type="checkbox"/>		
Married, Single or Widowed	Single	Name of Wife or Husband	<input checked="" type="checkbox"/>		
Father's Name	Alexander	Robinson	Father's Birthplace	Mid	
Mother's Maiden Name	Ella A. Brown		Mother's Birthplace	Mid	
Name of person giving information	Mrs Mary Adams			How related to deceased	Sister

CAUSES OF DEATH

Primary

Bilious Fever

How long

10 days

Immediate

Pentitis & Exhaustion

How long

4 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. R. Zupke M.D.

Address

Easton
Md.

Accident or Suicide?



Name
in
Full

Bessie M. Sears

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
Sex	Color or Race		Birth-place				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Gilbert M. Sears			Father's Birthplace	Bayside		
Mother's Maiden Name	Susie Lamdin			Mother's Birthplace	Bayside		
Name of person giving information	Susie Sears			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

How long

Immediate

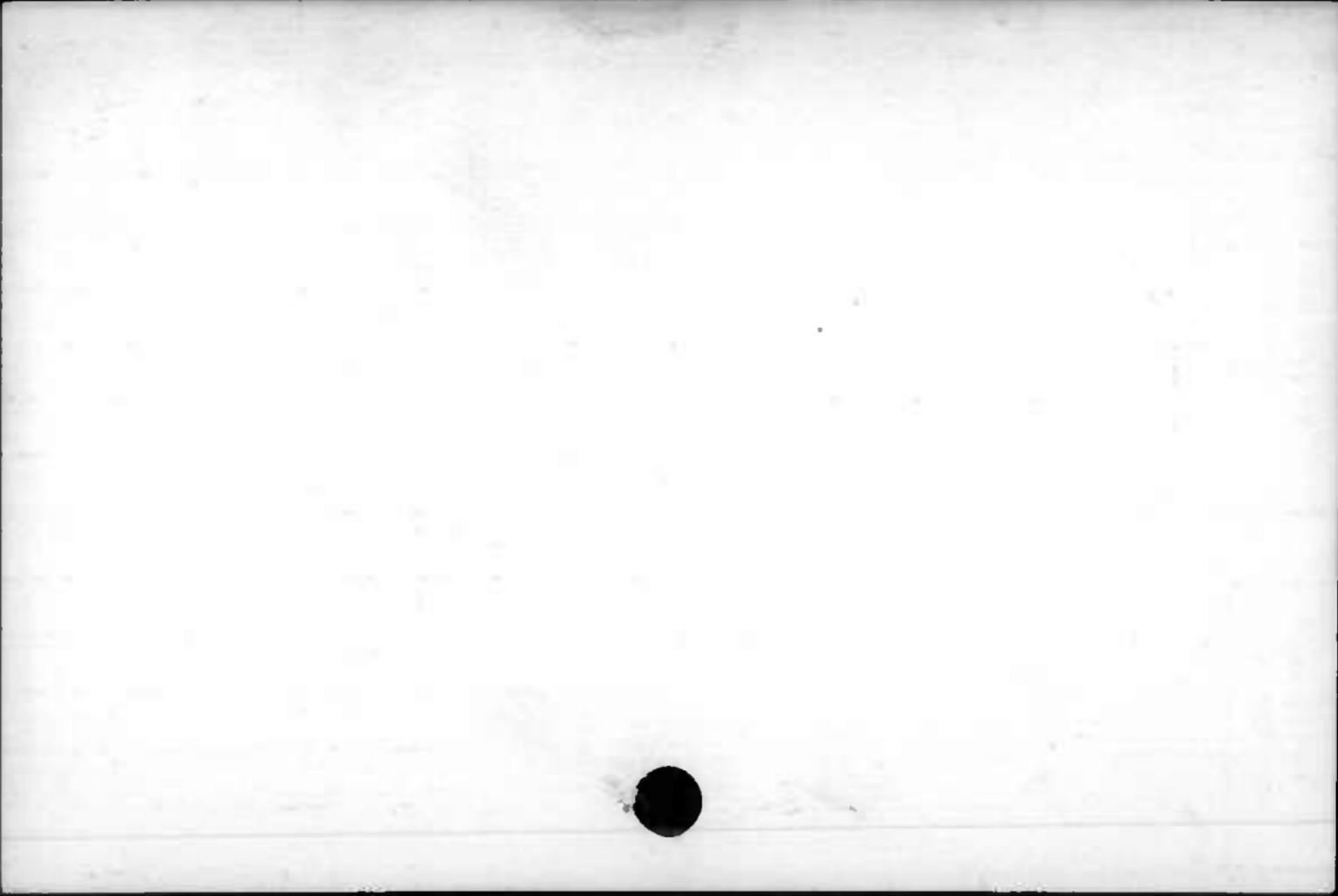
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. A. Dodson
St. Michaels

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Sprague

CERTIFICATE OF DEATH

Died at

Enisbury

Town

Delaware County

MARYLAND

Date
of death

1905 June

Month

Day

26

Years

70

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Delaware City

Occupation

Subsistence

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Elizabeth Sprague

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Thos. J. Hornsby

How related
to deceased

Grandson

CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

5 yrs

Immediate

Heart Failure

How long

1 week

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

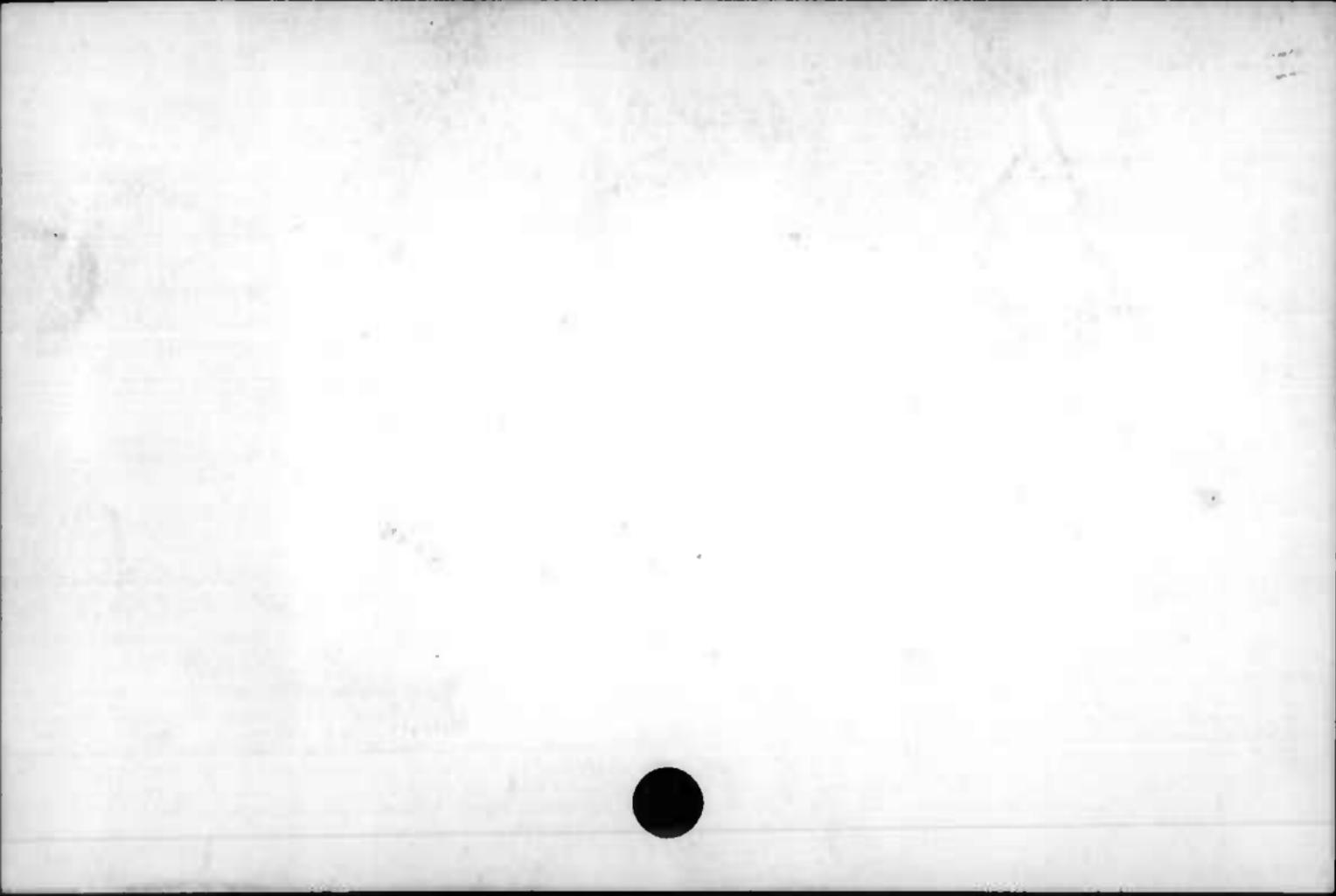
Signature of
Physician

Address

Dr. Henry

Enisbury

Accident or Suicide?



Name
in
Full

Edna Wharton.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	June	24	6		
Sex	Color or Race	white	Birth-place	St. Michaels	
Female					
Occupation	Where Residing if not at place of death				
—	—				
Married, Single or Widowed	Name of Wife or Husband				
—					
Father's Name	Father's Birthplace				
W. Wharton	St. Michaels				
Mother's Maiden Name	Mother's Birthplace				
Mary. Seymour	St. Michaels				
Name of person giving information	How related to deceased				
R. A. Hodson & friends	child				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inflammation of Liver

How long

3 days

Immediate

Peritonitis, acute

How long

8 da.

Are the name, age, sex, color, date and place correctly given above?

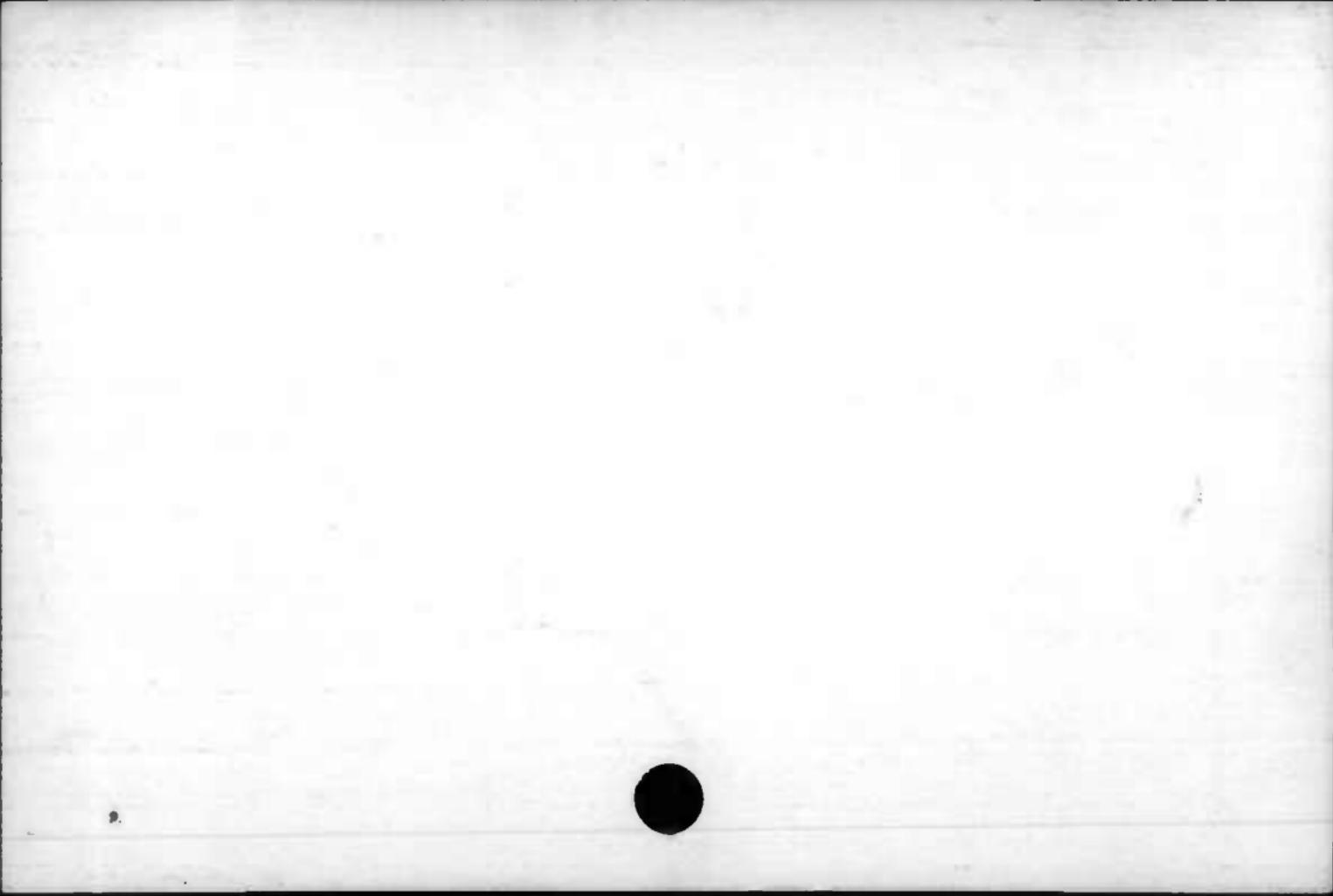
yes.

Signature of Physician

Address

Robt. A. Hodson
St. Michaels Md.

Accident or Suicide?



Name
in
Full

Charles Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Matthews		Town Matthews		County Talbot		MARYLAND	
Date of death 1905	Month June	Day 1	Age 65	Years 65	Months 4	Days 14	
Sex Male	Color or Race White			Birth- place Morres Mills Talbot Co.			
Married, Single or Widowed Married			Occupation Tanner				
Name of Wife or Husband Emma Malin Williams							
Father's Name James Williams					Father's Birthplace Talbot Co. Md.		
Mother's Maiden Name Mary Leonard					Mother's Birthplace Talbot Co. Md.		
Name of person giving Information Emma M. Williams					How related to deceased Wife		

CAUSES OF DEATH

Primary

General Hemorrhage -

How long

5 days

Immediate

"

Signature of
Physician

Address

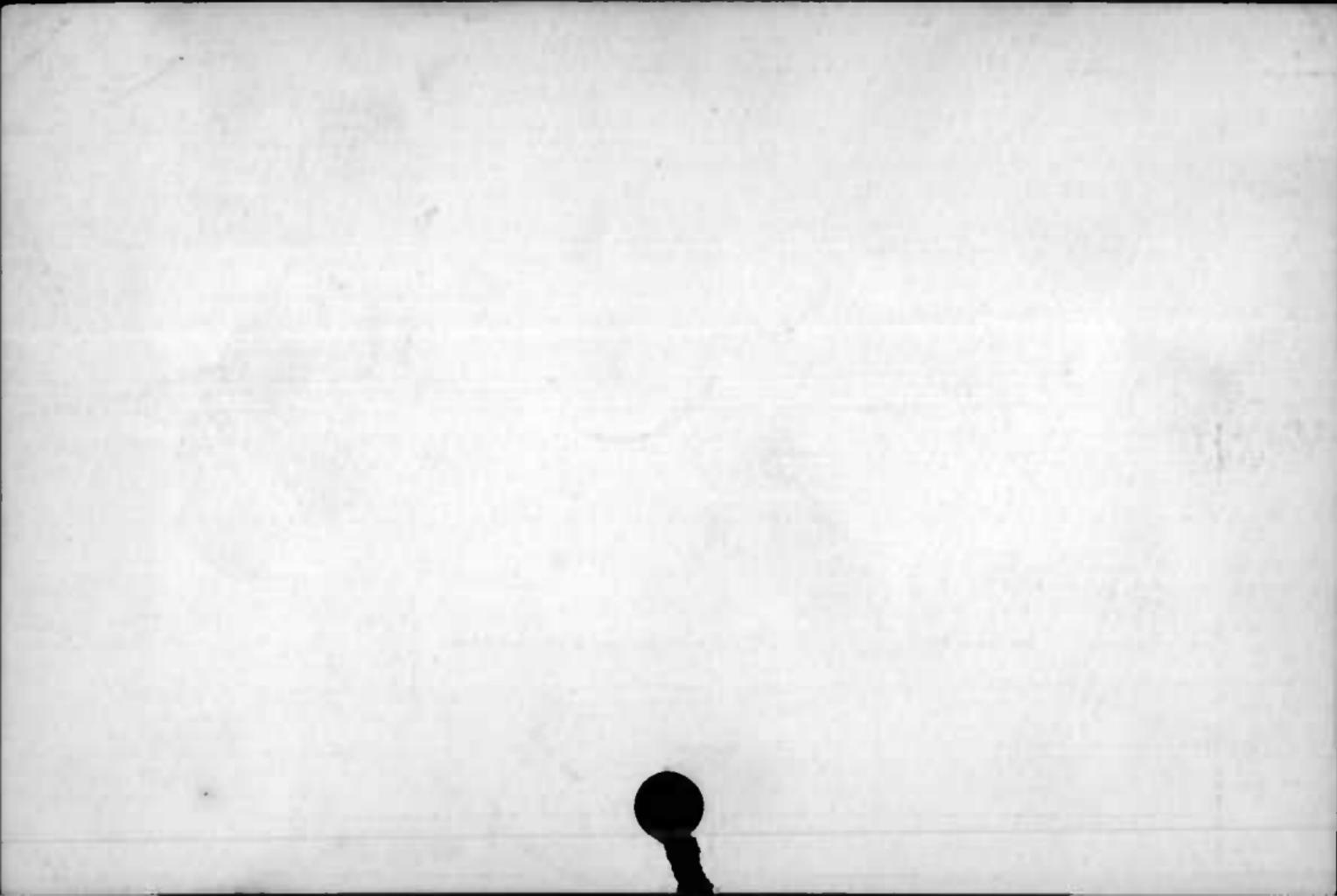
B. M. Stelle M.D.
Cordova - Talbot Co.
Md.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Accident or Suicide?



Samuel Wilson Jr.									
Town		County							
Easton Talbot									
MARYLAND									
Died at	Month	Day	Y.	M.	D.	Native of		Occupation	
Date 1905	June	21	55	0	6	52 Talbot		Shoemaker	
Male	Age	55	0	6	Widow	Native of		Occupation	
Female	Married	Widower	Number of children living						
Husband of	Colored	Single							
Wife									
Father's Name	Sam Wilson				Mother's Maiden Name				
Cause of Death	Primary	Pulmonary Tuberco-losis.				How long sick			
	Immediate	3½ mos.				Accident, Suicide, Homicide			
Reported by	A. Devilleson M.D.								
Address	Easton Md.								

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

